
Hospital Standard Liberty

Supplementary insurance for the general ward of any contractual hospital
in Switzerland

Supplementary terms

January 2004 edition (amended 2013)

Purpose and basis

Hospital Standard Liberty pays the additional costs of inpatient hospitalisation and treatment in the general ward of contractual hospitals. Further benefits are detailed in these Supplementary Terms. The insurance pays costs that exceed the benefits paid under mandatory basic health insurance pursuant to the Swiss Federal Health Insurance Act (KVG/LAMal) and other social insurance pursuant to point 2 of the General Terms of Insurance.

Coverage for the risk of accident can be included.

Services in the event of illness and accident abroad are covered via Sanitas Assistance. The insured can use these services even if the risk of accident is not covered. The terms appended at the end are an integral part of these Supplementary Terms.

The basis of these Supplementary Terms is the January 2004 edition of the General Terms of Insurance for supplementary insurance plans pursuant to the Swiss Federal Act on Insurance Contracts (VVG/LCA).

This translation is provided for the sake of convenience. The wording of the German original shall take precedence.

Benefits

1 Definitions

- 1 Acute hospitals are defined as treatment facilities and clinics that are directed and overseen by medical doctors and admit only persons suffering from acute illnesses or accidents. For the present purposes, acute hospitals also include maternity, psychiatric and rehabilitation clinics.
- 2 Health spas, old-people's homes, nursing homes, chronic care facilities and other facilities not intended for acute care are not defined as acute hospitals for the present purposes.
- 3 Contractual hospitals are defined as acute hospitals with a cantonal mandate as per Art. 39 KVG/LAMal which have entered into a tariff agreement with Sanitas for the ward in question. The list of contractual hospitals is available for inspection at Sanitas, and excerpts from the list can be furnished on request.
- 4 Inpatient treatment is defined as a stay in an acute hospital under inpatient conditions where a bed in the inpatient ward is occupied for at least one night.
- 5 Acute treatment or acute care is defined as treatment whereby an improvement in the person's state of health can be expected.

2 Hospitalisation in Switzerland

- 1 The insurance covers the accommodation, nursing care and treatment costs of inpatient acute care in a general ward of any contractual hospital in Switzerland.
- 2 The following will be paid towards the accommodation, nursing care and treatment costs of hospitalisation in other wards of contractual hospitals:
 - Semiprivate ward
75% of the total costs not covered by mandatory basic health insurance pursuant to the Swiss Federal Health Insurance Act (KVG/LAMal). The insured person's maximum cost share is CHF 10,000 per calendar year.
 - Private ward
50% of the total costs not covered by mandatory basic health insurance pursuant to the Swiss Federal Health Insurance Act (KVG/LAMal). The insured person's maximum cost share is CHF 20,000 per calendar year.

3 Emergency hospitalisation outside Switzerland

In the event of emergency acute inpatient treatments abroad, accommodation, nursing care and treatment costs in an acute hospital will be covered for a maximum of 180 days, but only for as long as it is neither possible nor appropriate from a medical point of view for the insured to be transported home.

4 Psychiatric clinics

- 1 The costs of acute inpatient treatment in a psychiatric clinic or special psychiatric ward will be paid in accordance with point 2 above for a period of 180 days.
- 2 From the 181st day the treatment costs and a maximum of CHF 20 per day will be paid towards the costs of accommodation and nursing care. At AHV/AVS retirement age these benefits will continue to be paid up to a maximum of 720 days within a period of 900 days.
- 3 Hospitalisation in psychiatric clinics abroad within the scope of point 3 is included in the benefit period.

5 Nursing homes and chronic care facilities

The following benefits are paid in the event of hospitalisation in a nursing home or chronic care facility:

- Up to the 180th day: CHF 20 per day towards the costs of accommodation and nursing care
- 181st to 540th day: CHF 10 per day towards the costs of accommodation and nursing care

Thereafter no further benefits will be paid.

6 Birth centres

The costs of accommodation, nursing care and treatment will be covered for confinement in an accredited birth centre. A corresponding list can be furnished by Sanitas on request.

7 Benefits for new-born infants

Provided it is hospitalised with its mother, the costs of hospitalisation for a healthy infant will be paid from the mother's insurance coverage.

8 Care at home and home help

1 The following benefits will be paid for a maximum of 90 days per calendar year on the basis of detailed date-referenced invoices towards the costs of care at home and home help if this is necessary on medical grounds and prescribed by a doctor:

- CHF 20 per day towards the costs of care at home provided by qualified nurses or nursing auxiliaries. Other persons providing care at home are entitled to these benefits if they can prove loss of earnings to this extent due to providing care.
- CHF 10 per day for home help provided by a person not living in the same household. The insured person running the household is entitled to this benefit immediately following hospitalisation.

2 In the event of childbirth, the abovementioned benefits will be paid for a maximum of 14 days within one month after the birth, and included in the maximum benefit period.

3 In total, a maximum of CHF 1,800 per calendar year will be paid towards the costs of care at home and home help.

9 Spa treatments

1 Benefits of up to the following amounts will be paid towards the cost of spa treatments:

- CHF 10 per day for a maximum of 21 days per calendar year for inpatient spa treatments in spas in Switzerland accredited as per Art. 40 KVG/LAMal or in spas in Abano and Montegrotto (Italy), and for rest cures in health resorts in Switzerland that are directed and overseen by medical doctors.
- CHF 100 per day for a maximum of 28 days per calendar year for spa treatments at the Dead Sea in Israel or Jordan to treat psoriasis or vitiligo (loss of skin pigmentation). Sanitas has the right to request an examination by a company-appointed medical doctor before the spa treatment may be undertaken.

2 The abovementioned benefits will be paid for a maximum of one spa treatment per calendar year.

10 Transport, rescue and search costs

In total, a maximum of CHF 20,000 will be paid per calendar year for:

- The costs of travel in connection with radiotherapy, chemotherapy or haemodialysis conducted outside the home. The costs paid will not exceed the costs of public transport (travelling second class).
- Emergency transport to the nearest doctor or to the nearest hospital able to provide appropriate treatment, and ambulances required for transport on medical grounds.
- Rescue and search operations for persons who have had an accident or contracted an acute illness.

11 Obligations and qualifications for benefits

1 The benefits insured in the event of hospitalisation will be paid provided that acute hospital care is medically indicated.

2 Sanitas must be notified of admission to hospital immediately, but within six days at the latest. If a commitment to provide cover is required, Sanitas must be notified two weeks before admission.

3 If the insured person opts to exercise their right to choose a semiprivate or private ward, Sanitas must be notified two weeks before admission to hospital, except in the case of emergencies.

4 Benefits will be paid for spa treatments only if:

- The spa treatments are medically necessary and have been prescribed by a doctor accredited in Switzerland as part of medical treatment.
- Sanitas receives the prescription for the spa treatment two weeks before commencement.

5 Moreover, benefits for spa treatments will be paid only provided that outpatient treatment is inappropriate and unlikely to be effective and that the spa treatment involves therapeutic measures.

12 Benefit exclusions

In addition to the benefit exclusions specified in point 7 of the General Terms of Insurance, no benefits will be paid for treatments (e.g. organ transplants) for which the SVK (Schweizerischer Verband für Gemeinschaftsausgaben der Krankenversicherer) has agreed per case, all-inclusive payment arrangements for coverage by mandatory KVG/LAMal insurance.

Miscellaneous

13 Premium waiver for third child onwards

- 1 No premium will be charged to insure the third child and each additional child of a family under age 18, provided that the first two children also have this insurance.
- 2 Children under age 18 count for the purposes of calculating the entitlement to a premium waiver.

Terms of Sanitas Assistance

1 What is Sanitas Assistance?

Sanitas Assistance is a service provided by the global emergency rescue organisation Europ Assistance on behalf of Sanitas. The service includes assistance, advice and transport in the event of illness or accident abroad.

2 What services are available?

The following services are available to insured persons:

- 24-hour telephone service: Sanitas Assistance is available around the clock, seven days a week. Advice, provided in different languages, includes brokering on-the-spot assistance.
- Worldwide care network: Specialist medical care and transport teams provide on-the-spot assistance, and if this is not possible arrange repatriation.

3 Who is responsible for the benefits and services offered under Sanitas Assistance?

- 1 The organisational services related to Sanitas Assistance are managed by Europ Assistance on behalf of Sanitas.
- 2 The costs of services organised by Sanitas Assistance as per point 5 below are paid by Europ Assistance on behalf of Sanitas if this is mentioned expressly. Other costs are paid by Sanitas within the scope of the coverage applicable to the person in question.

4 When must Sanitas Assistance be contacted?

- 1 The Sanitas Assistance telephone service is always the first point of contact in the event of illness or accident abroad. The telephone service must be contacted if benefits as per point 5 below are to be claimed.
- 2 The telephone number is specified on the Sanitas card.

5 What services and benefits does Sanitas Assistance provide?

- 1 Before travel, Sanitas Assistance provides information on entry and inoculation requirements for the country of destination. All other services and benefits are provided during holiday or business travel abroad.

- 2 Sanitas Assistance provides the following services and benefits in the event that the insured contracts an acute illness or has an accident:

- Organising medical care and advances for the costs of outpatient and inpatient emergency treatment abroad
- Organising and paying for medically necessary transportation, including repatriation (accompanied by a person who is also covered by Sanitas Assistance)
- Procuring vital drugs and medicines locally, or if necessary by aircraft, and paying the costs of transportation
- Organising and paying for a person to accompany the insured's children (under age 16) if it is not possible for the insured or an accompanying person to look after them
- Notifying dependants (on request)
- If, on medical grounds, repatriation to Switzerland is not possible within 10 days after commencement of inpatient treatment, organising and paying for travel and hotel accommodation (10 overnight stays at a maximum of CHF 200 per night) for a visitor chosen by the insured or their family
- Organising and paying for the repatriation of the deceased (including CHF 800 for the costs of a coffin) and repatriation of accompanying family members who are also covered to their place of residence. Accompanying family members who are not covered by Sanitas Assistance will be granted an advance of CHF 3,000 to cover costs

- 3 In the event of the unforeseen hospitalisation or death of a family member at home, Sanitas Assistance will organise and pay for the insured to return home (accompanied by a person who is also covered by Sanitas Assistance) or to travel home and back (without an accompanying person).

- 4 In the event of serious damage to the insured's property through theft, fire, water or natural events, Sanitas Assistance will provide the following services and benefits:
 - Advising the insured and paying radio callback costs, the additional costs of direct travel home if unavoidable, and any contractual cancellation charges due for hotels or holiday apartments. In addition, if the insured resumes travel immediately afterwards, the costs of transport back to the place at which they interrupted their journey, or at which they would have been if the interruption had not occurred, are paid. A maximum of CHF 1,500 will be paid towards costs.
 - Paying additional accommodation costs (10 overnight stays at a maximum of CHF 150 per night) if the insured has to make an unscheduled stopover or extend their stay
 - Paying additional transport costs, up to a maximum of CHF 1,500, if the insured has to change their travel plans

- 5 If the insured's chosen accommodation becomes unavailable as a result of fire, water or natural events, Sanitas Assistance will advise them and pay additional accommodation costs of up to CHF 1,500.
- 6 If strikes or unrest (in which the insured is innocently caught up), quarantine, epidemics or natural events make it impossible to continue travel, Sanitas Assistance provides the following services and benefits:
- Advising the insured and paying the additional costs of direct travel home if unavoidable, and any contractual cancellation charges due for hotels or holiday apartments, up to a maximum of CHF 1,500
 - Paying additional accommodation costs (10 overnight stays at a maximum of CHF 150 per night) if the insured has to make an unscheduled stopover or extend their stay
 - Paying additional transport costs, up to a maximum of CHF 1,500, if the insured has to change their travel plans

6 For how long does Sanitas Assistance provide these services and benefits?

Sanitas Assistance is valid during the time in which the person in question is covered under Hospital Standard Liberty supplementary insurance. It is valid for travel lasting up to a maximum of 12 months.

7 What restrictions apply?

- 1 Sanitas Assistance does not cover the following:
- The costs of services initiated or paid for by an insured without the prior consent of Sanitas Assistance
 - Incidents occurring at races or test runs involving motor vehicles
 - The consequences of taking non-prescribed drugs or medicines, narcotics or alcohol, and the consequences of suicide attempts
 - Minor illnesses and injuries
 - Relapse of an illness that broke out or an accident that occurred before travel commenced, or illnesses that had not been cured before travel commenced
 - Costs resulting from pregnancy, apart from major, unforeseeable complications up to the 27th week of pregnancy
 - The consequences of intentional and malicious acts
 - Travel incidents that are not explicitly mentioned in these terms, and elective (planned) treatments
- 2 Sanitas Assistance cannot be made liable for delays in the provision of services or the failure to provide services if circumstances of force majeure that prevent the provision of assistance occur in the country of travel.

8 Is coverage valid all over the world?

In principle, Sanitas Assistance provides services and benefits all over the world. However, the following countries and regions are currently excluded: Afghanistan, Algeria, Somalia and the Western Sahara.

The same applies to crisis areas and countries in a state of war or civil war. Since the situation in individual countries can change rapidly, it is advisable to clarify the matter with Sanitas Assistance before commencing travel, as support with preparing travel abroad is an important component of the service provided by Sanitas Assistance.

